



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: KENTUCKIANA MEDICAL CENTER LLC

City of Hospital: CLARKSVILLE

Year Begin: 12/01/2015 (mm/dd/yyyy format)

Year End: 11/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Paul Newsom

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Medicare Provider Number: 15-0176

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$67935371
Outpatient Patient Service Revenue	\$31292860
Total Gross Patient Service Revenue	\$99228231

2. Deductions From Revenue

Contractual Allowance	\$84373750
Other Deductions	\$5193131
Total Deductions	\$89566881

3. Total Operating Revenue

Net Patient Service Revenue	\$9661350
Other Operating Revenue	\$1345368
Total Operating Revenue	\$11006718

4. Operating Expenses

Salaries and Wages	\$10902471	Employee Benefits	\$2607686
Depreciation and Amortization	\$2595547	Interest Expense	\$2350321
Bad Debt	\$0	Other Expenses	\$17989529
Total Operating Expenses	\$36445554		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$0	Total Assets	\$20748408
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$59215243

Total Net Gains	\$0
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$48123030	\$44213350	\$3909680
Medicaid	\$1586285	\$1129713	\$456572
Other Government	\$10619530	\$10154972	\$464558
Other State	\$0	\$0	\$0
Other Payers	\$38899386	\$34068846	\$4830540
Total	\$99228231	\$89566881	\$9661350

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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